STATEMENT OF CLAIMANT FORM

FOR

STOCKPOND USE AMENDMENT

CLAIM E	BEING	AME	NDED
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NO. 39-

SUPERIOR COURT OF MARICOPA COUNTY

1.	Clai	imant	: Name:				
	Claimant Address:		: Address:		City		
			State:	Zip Code	Telephone		
2.	Basis of Claim:						
	A. Appropriation Right acquired prior to June 12, 1919. 1974 Water Rights Registra Registry No.						
	B. Appropriation Right acquired after June 12, 1919. Application No.						
		of Water Right No					
	C.						
	D.						
	Ε.						
3.	Clai	Claimed Priority Date: (month/day/year)					
4.	Sou	rce o	f Water:				
•••	Α.						
	В.						
	٥.	☐ Yes, ☐ No If yes, describe:					
5. Legal description of the location of the stockpond: (attach additional sheet if required)							
6.				•	urce, describe:		
U.			me other uses supplied by	The stockpoint of its water so	dree, describe.		
7.	Des	cripti	ion of the Stockpond:				
A. Name or other designation:							
B. Dam specifications:							
		1)	Date construction began	1,	, and ended		
		2)	Height,	ft.			
		3)	Does dam have an outle	t structure other than spillway	√? □ Yes □ No		
	C.	C. Reservoir behind dam:					
		1)	Date water first stored:		(month/day/year)		
		2)	Maximum length:	ft.			
		3)	Maximum width:	ft.			
		4)	Maximum depth of water	er at spillway crest:	ft.		
		5)	Maximum storage volun	ne at spillway crest:	Acre-Feet		

Number and kind of livestock or wildlife watered by this stockpond:					
, for months per year.					
Attach photographs, maps or sketches necessary to show the location of the stockpond(s) and any conveyance system and other point(s) of diversion.					
It may be necessary for a representative from the Department of Water Resources to inspect the stockpond and diversion. Your signature following will grant permission to enter your property for the purpose of inspection: Signature of Claimant Should it be necessary for a representative of the Department to contact you as the claimant or your representative, are there any special instructions regarding time of day or address to aid in locating the specified person?					
(attach additional sheet if required)					
Mail form(s) to: AZ DEPT OF WATER RESOURCES, ADJUDICATION SECTION, PO BOX 458, PHOENIX, AZ 85001-0458					
Notarized Statement:					
the claimant(s) named in this claim, do hereby certify under penalty of perjury, that the information contained and statements made herein are to the best of my(our) knowledge and belief true, correct and complete.					
(seal)					
My Commission Expires: Notary Public					
Or					
or,					